

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037962

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 33Primary Registration District No. 3011Registrar's No. 132

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY Carrollb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CarrolltonLength of stay in 1b  
6 wk.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 407 N. JeffersonInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY Jacksonc. CITY OR TOWN KANSAS CITYInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
5027 WyandotteReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Bernice Payne McGuire4. DATE OF DEATH  
Month Day Year  
Oct 20 1962

## 5. SEX

Female

## 6. COLOR OR RACE

CAU7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-2-1894

## 9. AGE (last birthday)

68IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

## 10b. KIND OF BUSINESS OR INDUSTRY

Housewife

## 11. BIRTHPLACE (City and state or country)

Carroll Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Thomas Payne

## 13b. MOTHER'S MAIDEN NAME

Orpha Goodson

## 14. NAME OF HUSBAND OR WIFE

Russell McGuire

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

[redacted]

## 17. INFORMANT

Russell McGuire, Kansas City, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Corman Thrombosis  
atherosclerosis

## INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Thrombosis cardiac vessel 4 mm and

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N: ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 10-1-62 to 10-22-62 and last saw her alive on 10-22-62  
Death occurred at 11:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

George J. Zales M.D.

## 22b. ADDRESS

Carrollton Mo

## 22c. DATE SIGNED

10/22/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

Oct 23, 62

## 23c. NAME OF CEMETERY OR CREMATORY

Carroll Memory Gardens

## 23d. LOCATION (City, town, or county)

Carrollton, Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Dickerson-Rice, Bogard, Mo.

## 25. DATE RECD. BY LOCAL REG.

10-22-62

## 26. REGISTRAR'S SIGNATURE

Ann Albert Thelmon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 30 1962

NOV 1 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Samuel M. Rice

Licensed Embalmer No. 5087

P. O. Address Bogard, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.